

Request for Reconsideration Form

I. FACILITY / SITE INFORMATION

BUSINESS NAME (FACILITY NAME)

FACILITY ID#

STREET ADDRESS

PHONE

()

CITY

COUNTY

ZIP CODE

II. NAME AND ADDRESS OF OWNER/OPERATOR SUBMITTING REQUEST

NAME

☐ 1. OWNER

☐ 2. OPERATOR

TITLE OF APPLICANT

PHONE

()

MAILING ADDRESS ☐ (MAILING ADDRESS SAME AS FACILITY ADDRESS)

CITY

STATE

ZIP CODE

Please check reason(s) why you believe that the California State Water Resources Control Board (SWRCB) notification is in error. If you are requesting reconsideration for reasons #2 through #4, documentation is required. **IF YOU DO NOT INCLUDE REQUIRED DOCUMENTATION, YOUR REQUEST FOR RECONSIDERATION APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL BE RETURNED. INCLUDE ALL SUPPORTING DOCUMENTATION YOU WISH THE SWRCB TO CONSIDER WHEN REVIEWING YOUR REQUEST. REQUESTS FOR RECONSIDERATION ARE SUBJECT TO VERIFICATION.**

() I am not the owner or operator of a UST system. Check applicable reason:

() Change of owner or operator. (Provide name and address of new owner/operator, if known)

() No UST system(s) present.

() UST system(s) is permanently closed. **(DOCUMENTATION IS REQUIRED)**

() UST system(s) is exempt from regulation, according to Section 25281(x) (1)(A)-(D) of the Health and Safety Code, or Section 2621 of Title 23 of the California Code of Regulations. For example, certain farm tanks and heating oil tanks are exempt. **(DOCUMENTATION IS REQUIRED)**

() Closest component of UST system(s) is greater than 1,000 feet from well head of any public drinking water well. Check applicable reason(s): If the request for reconsideration is based on evidence that the UST system in question is greater than 1,000 feet from a public drinking water well, include a demonstration that the well head is more than 1,000 feet from the closest component of the UST system. **(DOCUMENTATION IS REQUIRED)**

() UST facility incorrectly located in GeoTracker database

() Public Drinking Water Well(s) incorrectly located in GeoTracker database

() Other (explain)

III. APPLICANT SIGNATURE

Certification – I certify that the information provided herein is true and accurate to the best of my knowledge. Knowingly submitting a request for reconsideration based on false or misleading information may be considered a violation of Health and Safety Code, Section 25299, punishable by fine up to \$5000.

NAME OF APPLICANT (print)

PHONE

()

SIGNATURE OF APPLICANT

DATE

FOR AGENCY USE ONLY

DATE NOTIFICATION MAILED

DATE REQUEST RECEIVED

DATE DECISION DUE

DATE OF DECISION NOTIFICATION

DATE NOTIFICATION RECEIVED

RECEIVED BY

DATE OF DIVISION DECISION

REQUEST APPROVED

REQUEST DENIED

Request for Reconsideration Instructions:

Include the following information:

1. Completed Request for Reconsideration Form.
2. All required documentation.

Submit all materials as follows:

1. Submit original form and all required documentation to:

State Water Resources Control Board
Division of Water Quality, UST Program
Attn: Elizabeth Haven, UST Program Manager
ELD Request for Reconsideration
PO Box 2231
Sacramento, CA 95812

2. Submit one complete copy to your local permitting agency at the appropriate address.
3. Keep one complete copy for your records.